



Applicant Information

Full Name: _____
Last First Call Sign

Address: _____
Street Address Email

City State ZIP Code

Home Phone: () Other Phone number ()

Additional Family Members

Name: _____ Call: _____ Email: _____
 Name: _____ Call: _____ Email: _____
 Name: _____ Call: _____ Email: _____
 Name: _____ Call: _____ Email: _____

Membership Type

- | | |
|--|---|
| <input type="checkbox"/> LIFE MEMBERSHIP (One Member, no expiration) \$300.00 | <input type="checkbox"/> FULL MEMBERSHIP (Senior age 65 or older) \$13.50 |
| <input type="checkbox"/> FULL MEMBERSHIP (One Member) \$20.00 | <input type="checkbox"/> Additional Family Members \$9.00 each \$ _____ |
| <input type="checkbox"/> FULL TIME STUDENT (Under 18 years and living at home) \$10.00 | <input type="checkbox"/> Repeater Maintenance \$ _____ |
| <input type="checkbox"/> ARRL League member(s)? Regular Life | <input type="checkbox"/> Total \$ _____ |

The Board wants to hear from you. Please add any comments, suggestions, or concerns at the bottom or on the reverse side of this application.

Send Completed Application and Payment To:

Connecticut Valley FM Association
 P.O Box 52
 Ascutney, VT 05030